

Nebraska

[Title II](#) | [ADAP](#) | [Title III](#) | [AETC](#) | [Dental](#)

State CARE Act Program Profile

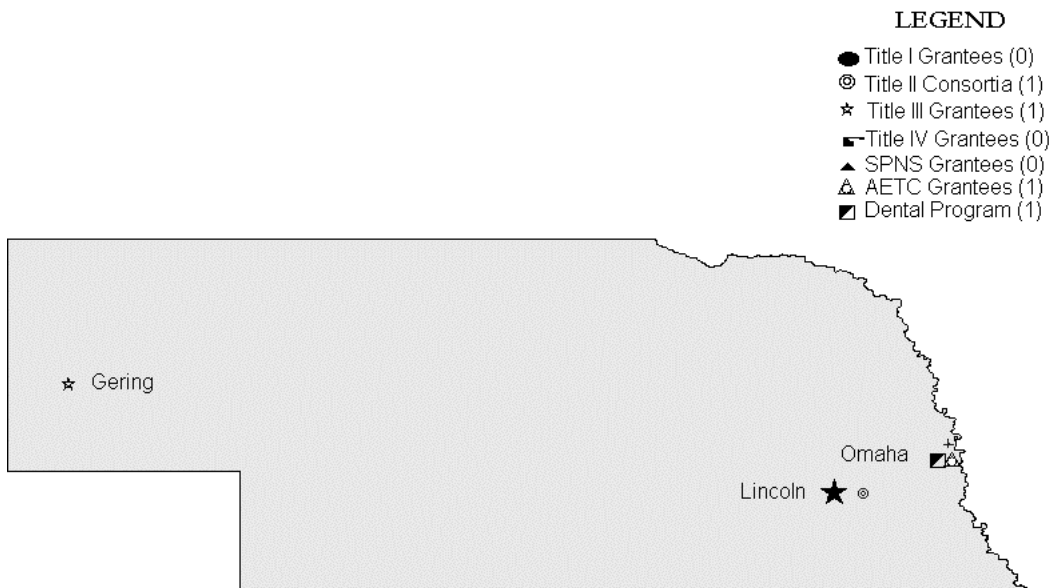
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$506,277	\$733,358	\$931,421	\$2,171,056
ADAP	(\$73,822)	(\$233,963)	(\$412,973)	(\$720,758)
Title III	\$0	\$50,000	\$50,000	\$100,000
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$66,045	\$49,204	\$66,045	\$181,294
Dental	\$6,459	\$5,775	\$5,064	\$17,298
Total	\$578,781	\$838,337	\$1,052,530	\$2,469,648

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

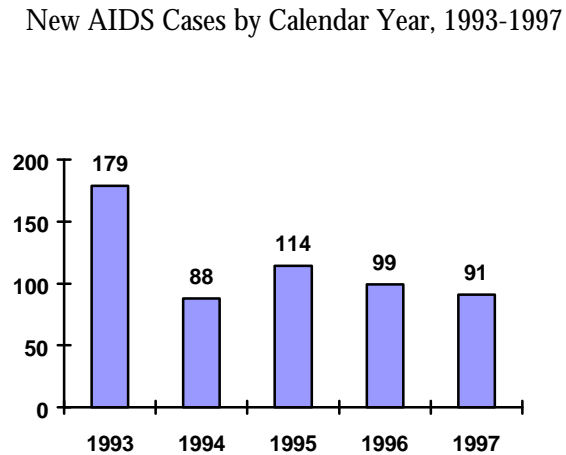
	1996	1997	1998
Title I	0	0	0
Title III	0	1	1
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	1	1	1

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Nebraska (Pop. 1,656,870)

- ▶ Persons reported to be living with AIDS through 1997: 352
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 335
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated September 1995)
- ▶ State AIDS Cases (cumulative) since 1993: 571 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	77%	78%
Women (13 years and up):	23%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	1%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	66%	33%
African American:	21%	45%
Hispanic:	11%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	2%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	43%	35%
Injecting drug user (IDU):	9%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	4%
Heterosexual contact:	15%	13%
Other, unknown or not reported:	27%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	151.4	194.5
Gonorrhea (1996)	71.1	124.0
Syphilis (1996)	1.7	4.3
TB (1997)	1.3	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** access to medication and clinical trials; transportation; access to housing; and the lack of trained providers

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	45% FPL

*Income eligibility for State's ADAP program is 200% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Nebraska

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$506,277	\$733,358	\$931,421	\$2,171,056
ADAP (included in Title II grant)	(\$73,822)	(\$233,963)	(\$412,973)	(\$720,758)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$707,736/76%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$470,594)
Direct Services	(\$237,142)
Case Management (State Administered)	\$0/0%
Consortia	\$109,804/12%
Health Care*	(\$0)
ADAP/Treatment	(\$0)
Case Management	(\$109,804)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$113,881/12%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Care Options Statewide Consortium	Lincoln	Statewide	\$124,128

Accomplishments

Clients Served (duplicated count), FY 1996:	430
Men:	81%
Women:	19%
<13 years old:	2%
13-19 years old:	0%
20+ years old:	98%
White:	70%
African American:	21%
Hispanic:	7%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	2%
Men who have sex with men (MSM):	51%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	21%
Other, unknown or not reported:	17%

► Improved Patient Access

- Total number of clients accessing primary health care, treatment, and support services increased by 79% between 1995 (240 clients) and 1996 (430 clients). Eighty-nine Title II-funded service providers were available statewide in 1997, and served a total aggregate of 552 clients (not unduplicated). Of these, 490 persons were direct services care clients.

- Monthly utilization of ADAP increased by 29% from 1997 (60) to 1998 (89), with a total enrollment of 169 in 1998.
- Nebraska expanded the ADAP formulary to include 26 drugs in 1998. This is an increase from zero in 1996.
- In February 1997, the grantee initiated transportation services, using a voucher system, for low-income rural clients.
- The demographic profile of ADAP clients in 1997 included: 17% African American, 70% Caucasian, 12% Hispanic, 18% female, 82% male, and 1% pediatric clients. These statistics closely mirror the most recent HIV/AIDS case demographics in Nebraska.

► **Cost Savings**

- Beginning in 1997, the ADAP participates in the Office of Drug Pricing's discount drug purchasing program, for substantial cost savings.
- The Title II program is able to access data regarding the certification of eligibility of clients for Medicaid, significantly decreasing the length of time required to rule out eligibility and ensure that CARE Act funds are the payor of last resort.

► **Other Accomplishments**

- The University of Nebraska Medical Center continued to administer successfully the Provision of Treatments Program, including purchasing and dispensing all medications and providing expert medical consultation to physicians statewide.
- Recommendations regarding the ADAP program are made by the Drug Utilization review Subcommittee, comprising the UNMC Clinic Director, a registered pharmacist, the UNMC HIV Clinic Case Manager, the UNMC Clinic Data Manager, and the CARE Act Program Coordinator.

AIDS Drug Assistance Program (ADAP): Nebraska

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$207,265	\$300,000	\$465,172	\$972,437
State Funds	\$0	\$0	\$0	\$0
Total	\$207,265	\$300,000	\$465,172	\$972,437

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 13 drugs, 4 protease inhibitors, 5 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	169
Number using ADAP each month:	89
Percent of clients on protease inhibitors:	64%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	80%
Women:	20%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	73%
African American:	20%
Hispanic:	7%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Nebraska

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	0	1	1	
Total Title III funding in State	\$0	\$50,000	\$50,000	\$100,000

Planning Grants

1998 - Panhandle Community Services - Gering

1997 - Univ of Nebraska Medical Center - Omaha

AIDS Education and Training Centers: Nebraska

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mountain Plains Regional AETC
- ▶ States Served: Colorado, Kansas, Nebraska, New Mexico, North Dakota, South Dakota, Utah and Wyoming
- ▶ Primary Grantee: University of Colorado, Denver, CO
- ▶ Subcontractors in State: Univ. of Nebraska Medical Center - Omaha

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$66,045	\$49,204	\$66,045	\$181,294

Training Highlights from FY 1997

- The AETC conducted the following training: HIV Prevention, Early Intervention and Health Promotion for Rural Health Care Providers; Prevention of Perinatal Transmission of HIV; HIV/AIDS: Providing Care in the Age of HAART; Antiretroviral Resistance: Implications for Long Term Strategies; Managing Occupational Exposure to HIV in the Healthcare Setting; Pain Management in HIV Disease; and HIV in Prison Populations.
- The Colorado performance site co-sponsors the annual, two-day Rocky Mountain Regional Conference on HIV Disease and a one-day Prevention Institute (held in conjunction with the regional conference). The conference reaches between 500-700 providers and consumers.
- The AETC offers three medically focused and one dental-focused three-day clinical training programs in Denver. The programs attract providers from the entire eight-state region.
- Over 2,000 copies of an on-line and printed self-instruction module, "HIV Prevention, Early Intervention and Health Promotion: A Self-Study Module for Rural Health Care Providers" have been distributed. The AETC reports that providers have been completing the on-line module. CEUs and CMEs are offered.

- The AETC produced “HIV: A Sourcebook for the Primary Care Provider.” The sourcebook has a core section and then is individualized to include resource information for each of the eight states served by the AETC.
- “AIDS Newslink,” the Mountain Plains AETC newsletter, is sent to over 10,000 providers in the region three times a year. Past issues have addressed women’s issues and adherence.

HIV/AIDS Dental Reimbursement Program: Nebraska

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$6,459	\$5,775	\$5,064	\$17,298

Accomplishments

Est. clients served, 1996:	92
Men:	86%
Women:	14%
<13 years old:	1%
13-19 years old:	0%
20+ years old:	99%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
University of Nebraska	Omaha